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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27543

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> <u>0804</u>	
c. LENGTH OF STAY (In this place) <u>440 days</u>		d. STREET ADDRESS (If rural, give location) <u>801 E. 13th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mo. State Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Doris</u> b. (Middle) <u>Not known</u> c. (Last) <u>Robinson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 23, 1927</u>	9. AGE (In years, last birthday) <u>24</u>	10. UNDER 1 YEAR Months <u>21</u> Days _____	11. UNDER 18 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Not known</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Chas. Lon Maness</u>	13b. MOTHER'S MAIDEN NAME <u>Augusta Johanna Kurtz</u>	14. NAME OF HUSBAND OR WIFE <u>James R. Robinson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>498-22-8976</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson, Mt. Vernon, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac arrest, squela</u>		<u>2 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Anesthesia</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Pulmonary Tuberculosis</u>			<u>abt. 50 mo.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 3, 1950, to Aug. 17, 1951, that I last saw the deceased alive on Aug. 16, 1951, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. A. Bruster, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Mt. Vernon, Mo.</u>	23c. DATE SIGNED <u>8-17-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-17-51</u>	REGISTRAR'S SIGNATURE <u>Cecil Handrick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo B Orr</u>	ADDRESS <u>Mt Vernon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

AUG 21 1951

Dist. File 851-1525  
Date Filed 8-23-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*George B Orr*

Licensed Embalmer No. 946

P. O. Address *Marion Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.